Maryland Health Care Commission
The Maryland General Assembly established the Maryland Health Care Commission (MHCC) in 1999 by merging the Health Care Access and Cost Commission and the Maryland Health Resources Planning Commission. MHCC is a public, regulatory commission. The thirteen Commissioners are appointed by the Governor. Some of the Commission's responsibilities are:

- Develop and administer a plan for health insurance for small businesses and the self-employed that includes affordable, standardized, comprehensive benefits;
- Assess the financial, medical, and social impact of proposed mandated health insurance services and report to the General Assembly;
- Administer a system of evaluating the quality and performance of commercial HMOs, nursing homes, hospitals, and ambulatory surgery facilities that operate in Maryland and publish findings;
- Create a data base of expenditures and utilization of health care services provided in settings other than hospitals;
- Regulate the electronic transmission of health care claims;
- Administer the Maryland Physicians Trauma Services Fund;
- Administer the State Health Plan for Facilities and Services, which guides decision-making under the Certificate of Need program and the formulation of key health care policies; and
- Administer the Certificate of Need program through which certain health care facilities and services are subject to review and approval by the Commission.

Comprehensive Standard Health Benefit Plan (CSHBP)
The Commission, along with the Maryland Insurance Administration, regulates a standard benefit plan (CSHBP) for the small group market (2-50 employees) and the self-employed. Any insurer or HMO that sells health care coverage to this market can sell only the CSHBP. If small businesses want more coverage, they may purchase a "rider" to the CSHBP. Benefits are at least equal to those offered by a federally qualified HMO. The cost of the basic, standard coverage is monitored annually to ensure that the average premium charged does not exceed 10% of the average annual wage in Maryland. Insurers and HMOs cannot refuse to cover persons or restrict benefits due to medical conditions. Rates are based on adjusted community rating. Since its inception, this health insurance reform initiative has provided small businesses in Maryland with access to a comprehensive, affordable, health benefits package. The Commission recently created a *Guide to Purchasing Health Insurance for Small Employers*, which is accessible on the Commission's website.

Mandated Benefits Evaluation
The Commission assesses the financial, medical, and social impact of any legislatively proposed health insurance service and reports on whether the fiscal impact of currently enacted mandated health insurance services exceeds a statutory affordability cap of 2.2 percent of Maryland's average annual wage as established by the Maryland General Assembly. The results of this assessment are reported to the General Assembly each December.

HMO Quality and Performance Evaluation System
Annually, the Commission creates and publishes a series of reports evaluating the quality and performance of commercial HMOs that operate in the state. The best known of these reports is an HMO guide for consumers that is often called the "HMO Report Card." The "report cards" include clinical information showing what percent of members in each plan received important preventive and medical care that they should have received and contain results of an annual survey of HMO members. The Commission recently expanded the information in the guides to include Point of Service (POS) plans. The Commission posts the consumer guides and the comprehensive reports on its website.

Please note: "Public" HMOs, those designed to serve Medicare or Medicaid beneficiaries, are not evaluated by MHCC. The federal and state agencies that administer the programs report on those HMOs.

Maryland Nursing Home Performance Evaluation System
The Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, has developed a system to comparatively evaluate the quality of care and performance of nursing homes. The purpose of the nursing home report card is to give consumers clear and objective information for use in choosing a nursing home, as well as to improve the quality of care provided by nursing facilities by establishing a common set of performance measures and disseminating the findings of the comparative evaluation. The Commission began reporting on nursing homes in Maryland in August of 2001. The *Maryland Nursing Home Performance Evaluation Guide*, available on the Commission's website, offers a detailed look at more than 200 comprehensive care nursing facilities and continuing care retirement communities. It enables consumers to review information on facility and resident characteristics, Quality Indicators, and any deficiencies observed during state inspections of the nursing home. The *Guide* also provides general information on patients' rights, what to look for when visiting a nursing home, and how to pay for nursing home care.

Hospital Performance Evaluation System
The Commission and the Health Services Cost Review Commission (HSCRC), in consultation with the Department of Health and Mental Hygiene, produced a guide to Maryland hospitals beginning in 2002. The G*uide* is designed to assist consumers and their families in obtaining quality hospital based care. It provides information on several facility characteristics, such as location of the hospital, number of beds, and accreditation status. General information regarding patients' rights and a checklist to help consumers select a hospital are included. This *Guide* is also available on the Commission's website.

Ambulatory Surgical Facility Quality and Performance Evaluation System
The Commission developed a web-based report for ambulatory surgical facilities (ASFs) in May 2003. The website contains structural facility information including jurisdiction, accreditation status, and the number and type of procedures performed in the last year.

This *Guide* is available on the Commission's website as well.

Statewide Data Base
The Commission's mandate includes developing a statewide Medical Care Data Base of services rendered by health care practitioners. The data base includes demographic characteristics of the patient, the principal diagnosis, the procedure performed, the date and location of the procedure, and the amount charged for the procedure. Patient name, patient address, and an actual date of birth ***are not*** collected. Information is collected from payers on all fee-for-service and managed care specialty care encounters. The Commission's analyses of data are reported annually.

Electronic Health Networks (EHNs)
The Commission is charged with promoting electronic data interchange (EDI) use in the state by establishing standards of performance for information technology companies that provide these services. These companies, sometimes called electronic health networks or claims clearinghouses, are critical hubs for transmitting electronic information between providers and payers. The Commission certifies these companies using a set of "best practices" developed by the Electronic Health Network Accreditation Commission (EHNAC) that assures providers and payers that a network has met tough standards for business practice, customer service, and information security. The Commission works directly with provider organizations and individual payers to promote use of the certified networks and EDI in general.

HIPAA
The Commission's focus on analysis of the effect of recent changes to privacy laws and regulations on the provision of health care services under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) has resulted in the development of its *Privacy Readiness Assessment Guide*. The *Guide* is available to health care practitioners for use as a tool for electronic assessment of HIPAA compliance. Many practitioners and health care institutions have relied on the Commission for accurate information regarding the most recent Administrative Simplification requirements of the regulations. The Commission provides training seminars for health care practitioners throughout the state.

Maryland Trauma Physician Services Fund
In 2003, the General Assembly passed a new law establishing a fund to subsidize trauma physicians for uncompensated care provided to patients listed on the Maryland Trauma Registry. The fund is financed through a surcharge on motor vehicle registration fees. The MHCC and the HSCRC jointly administer and oversee the Fund.

State Health Plan for Facilities and Services
The State Health Plan for Facilities and Services is a policy blueprint for shaping the health care system in Maryland through cooperative planning and implementation by both public agencies and the private sector. The Commission plays an active role in proposing and reviewing possible changes, including reallocation of resources, to achieve a health care system that is cost-effective and balances affordability, access, and quality. The Plan contains policies, standards, and methods for projecting need for specific health care facilities and services in Maryland that are regulated under the Certificate of Need program.

The Certificate of Need Program
The Certificate of Need (CON) program carries out Commission policies through analysis of, and recommendations for, actions on applications for proposed changes in health care facilities and services to meet the needs of Maryland's residents. Policies from the State Health Plan for Facilities and Services provide the basis for CON decisions. Factors that must be considered include review criteria and standards for resource availability, accessibility, cost effectiveness, and financial feasibility, as well as standards for quality of care, community, and professional support. Applications are also evaluated against six general review criteria: consistency with the State Health Plan, need for the service, positive impact of the proposed project on the existing health care system, availability of financial and non-financial resources necessary to implement the project, cost-effectiveness of the project compared to existing services, and compliance with the terms of previously-awarded CONs.

INFORMED CONSUMERS

ACCOUNTABLE HEALTH CARE

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